



Santa Rosa County Sheriff's Office
Sheriff Bob Johnson



CITIZEN COMPLAINT

Please Print

Date and time of this complaint: Aug 17 3:00 PM Incident #: _____

Reference Complaint #: _____ Deputy Taking Complaint: _____ ID #: _____

Complainant: Willis T. Duhon
First Middle Last

Address: 7669 Dewey Jernigan RD Pace 32571
Street City State Zip Code

Home Phone: 850-910-4694 Work Phone: NA Cell Phone: 307-320-5906

Date and time incident occurred: AUG 16 11:00 PM

Location/Address of occurrence: "WHATA BURGER" Five Points (PARKING LOT.)

Employee(s) involved in allegations(s): _____

Witness: Cindy Duhon "Same"
Name Street Address City/State Home Phone Work Phone

(List additional witnesses in narrative.)

Nature of Allegation(s): My wife & myself were sitting in our car (Gold Impala) eating a burger & were asked if "we were eating in our car." I replied "yes" at which time he told us that the owner did not like people eating in their car & we were told we would have to leave. I replied "its not like the old days" and left. The officer pulled along side several cars to our right & turned on his roof top tactical white light & shined it on some cars. Did not stick around to hear any conversations!

There appeared to be 2 parents & several teenagers.

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Findings: _____

Actions Taken: _____

Final Clearance:

- ☐ Exonerated Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault.
- ☐ Sustained (Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true.
- ☐ Not Sustained The investigation discloses insufficient evidence to clearly prove or disprove the allegation.
- ☐ Unfounded The investigation revealed sufficient facts to indicate that the incident did not occur.
- ☐ Partially Sustained The incident has two or more allegations, and at least one of the allegations is sustained.
- ☐ Violation not based on original Complaint: Investigation discloses violation(s) not mentioned in the initial allegation.

Complaint Notification of Findings:

Date: _____ By: _____

Comments: _____

☐ Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: _____

Sworn to and subscribed before me this 22 day of AUGUST, 2018

Witness: Sgt. Steven Brown 24/17
(Per F.S.S. 117.10)